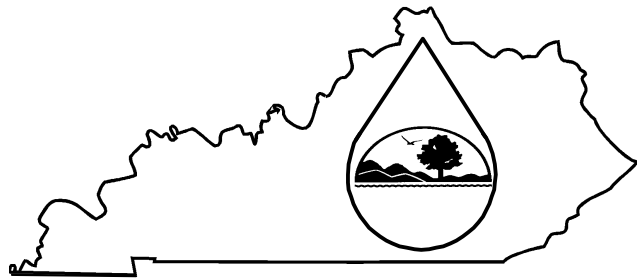


KPDES FORM NOI-HWY



Kentucky Pollutant Discharge Elimination System
(KPDES)
KYG500000
Notice of Intent (NOI)
for Wastewater Discharges
Associated with Highway Maintenance and Equipment
Facilities

I. Purpose of Notice (Check One)

- ☐ Coverage of new discharge
☐ Coverage of previously permitted discharge - Previous Permit Number:
☐ Modification of previously submitted NOI
☐ Converting Individual Permit to General Permit - Indicate Individual Permit Number:

II. Facility Operator Information (Mailing Address)

Name:		Phone No:	
Address:			
City, State, Zip Code:			

III. Facility/Site Location Information

Facility Name:					
Location Address:					
City, State, Zip Code:					
County:		Latitude (d/m/s)		Longitude (d/m/s)	
Contact Name:			Contact Phone No:		

IV. Discharge Description

Outfalls (list)	Stormwater (SW) or Floor Drain (FLR)	Latitude (d/m/s)	Longitude (d/m/s)

Receiving Water Body:

Are there existing quantitative data?

Yes ☐ If Yes, submit with this form.
No ☐

NOTE: Your discharge should not contain spent solvents from equipment degreasing and servicing, or wastewater from cleaning up of pesticides, fertilizers and paint preparation, nor may you discharge from the areas that are used to store electrical equipment and transformers that contain PCB's.

V. DISCHARGE MONITORING REPORTS (DMR's)

General permit holders are required to submit DMR's to the Division on a regular basis. This section should identify where preprinted DMR's are to be sent. Complete only if different than the address shown in Section III.

Name:			
Address:			
City, State, Zip Code:			

VI. WHERE TO SUBMIT			
Signed copies of this form and an attached USGS topographical map with the facility site and discharge location marked must be submitted to: Section Supervisor, Inventory & Data Management Section, KPDES Branch, Division of Water, 14 Reilly Road, Frankfort, KY 40601.			
Questions: call the KPDES Branch, Industrial, at (502) 564-3410.			
VII. CERTIFICATION			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
Printed or Typed Name			
Signature:		Date:	